COUNTY OF LOS ANGELES
DEPT. OF HEALTH SERVICES
PUBLIC HEALTH
Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212
Los Angeles, CA 90012
213-240-7941

# MURINE TYPHUS CASE REPORT
## (Flea-borne Typhus Fever)

Name of Patient

_____

Address (Number, Street)

_____

City State Zip Code

_____

Telephone Number (Area Code)

_____

Physician's Name and Telephone Number

_____

Birth date _____

Age _____ Sex _____

Race/Ethnicity

_____

Hospitalized? ☐ Yes ☐ No

Name of Hospital

_____

Date Admitted

_____

Date Discharged

_____

Outcome: ☐ Recovered

☐ Died ➜ Date _____

| SIGNS AND SYMPTOMS | COMPLICATIONS | COMMENTS | TREATMENT |
|---|---|---|---|
| Date of onset of symptoms: _____<br>☐ FEVER ≥ $100.5^0$ ➜ Temp _____<br>☐ HEADACHE<br>☐ MYALGIA<br>☐ RASH<br>☐ VOMITING | ☐ HEPATITIS (elevated liver enzymes)<br>☐ PNEUMONIA<br>☐ CEREBRITIS<br>☐ THROMBOCYTOPENIA<br>☐ OTHER<br>Specify (use comments space ➜) | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ | # of Days _____<br>☐ TETRACYCLINE<br>☐ DOXYCYCLINE<br>☐ CHLORAMPHENICOL<br>☐ OTHER Specify:<br>_____ |

| LABORATORY DATA | DATE | ACUTE RESULT | DATE | CONVALESCENT RESULT | LABORATORY NAME |
|---|---|---|---|---|---|
| Serology (check which)<br>☐ IFA | _____ | _____ | _____ | _____ | _____ |
| ☐ CF | _____ | _____ | _____ | _____ | _____ |
| ☐ EIA | _____ | _____ | _____ | _____ | _____ |
| ☐ Weil Felix | _____ | _____ | _____ | _____ | _____ |

OTHER LABORATORY:

### EPIDEMIOLOGIC FEATURES

1. Flea bites/exposure in 2 weeks prior to onset? ☐ Yes ➜ Where occurred? _____
   ☐ No

2. Travel in 2 weeks prior to onset? ☐ Yes ➜ Where? _____
   ☐ No

3. Occupation: _____ Work address: _____

4. Were there any other household members or friends **affected with similar illness**
   (e.g., fever, rash, headache, body aches) within the prior 6 month period? ☐ Yes (provide contact information below:)
   ☐ No

| Name | Age | Sex | Address | Date of Illness |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

EPIDEMIOLOGIC FEATURES (cont.)

5. Does the patient have animals? ☐ Yes (complete the following a-d) ☐ No

   a. Cats or kittens? ☐ Yes ☐ No **IF YES...** How many? _____
   Where does this animal(s) live? ☐ Strictly indoors ☐ Strictly outdoors ☐ Both indoors and outdoors
   Is this animal(s) prone to fleas? ☐ No ☐ Yes

   b. Dogs or puppies? ☐ Yes ☐ No **IF YES...** How many? _____
   Where does this animal(s) live? ☐ Strictly indoors ☐ Strictly outdoors ☐ Both indoors and outdoors
   Is this animal(s) prone to fleas? ☐ No ☐ Yes

   c. Other animals? ☐ Yes ☐ No **IF YES...** Specify: _____ How many? _____
   Where does this animal(s) live? ☐ Strictly indoors ☐ Strictly outdoors ☐ Both indoors and outdoors
   Is this animal(s) prone to fleas? ☐ No ☐ Yes

6. Did the patient have contact with cats or dogs or other animals other than at his/her residence?
   ☐ Yes ☐ No **IF YES...** Specify what type of animal: _____
   When? _____

7. Is there evidence of rodents in the : House ☐ Yes ☐ No Garage ☐ Yes ☐ No Neighborhood ☐ Yes ☐ No
   Other ☐ Yes ☐ No **IF OTHER...** Specify: _____

8. Did the patient (or family members) see or have contact with opossums near his/her residence or place of employment or during a recent trip? ☐ Yes ☐ No **IF YES...** Specify where: _____
   Specify when: _____

9. Did the patient have any close contact with any other wild animals within 2 weeks prior to onset of illness? ☐ Yes ☐ No **IF YES...** Specify where: _____
   Specify when: _____

10. Did the patient visit any parks or recreational areas within 2 weeks prior to onset of illness? ☐ Yes ☐ No **IF YES...** Specify where: _____
    Specify when: _____

11. Did the patient visit or work in the area of north central Los Angeles County such as Eagle Rock, Los Feliz, Mt. Washinton, Pasdena, Altadena, South South Pasadena, Glendale, Silverlake, or adjacent locations? ☐ Yes ☐ No **IF YES...** Specify where: _____
    Address: _____
    Specify when: _____

12. Did the patient's pet(s) travel to any area in north central Los Angeles within the last 6 months? ☐ Yes ☐ No **IF YES...** Specify where: _____
    Specify when: _____

**Remarks section:**

**PHN name:** _____ **Signature:** _____ **Date:** _____

**PHNs name:** _____ **Signature:** _____ **Date:** _____

**MD name:** _____ **Signature:** _____ **Date:** _____